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\*\* CONTINUING DATA \*\*\*\*\* *None* *W* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *W* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Zia R. Hashmi</i> Examiner's Signature	<i>W</i> Initials			

## ADDRESS

29371

## TITLE

TRANSMISSION ELECTRON MICROSCOPY SAMPLE PREPARATION METHOD FOR ELECTRON HOLOGRAPHY

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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